

L19 000064002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

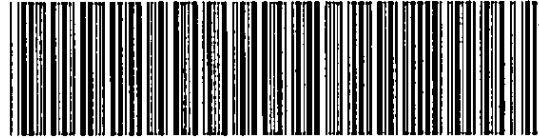
(Business Entity Name)

(Document Number)

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MAR 19 2021

S. YOUNG

2021 FEB -3 PM 6:34

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Louis Svices Home Innovation LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean H Louis

\_\_\_\_\_  
Name of Person

L.SHI Multi Services, LLC.

\_\_\_\_\_  
Firm/Company

4520 Commercial Way

\_\_\_\_\_  
Address

Spring Hill, Florida 34606

\_\_\_\_\_  
City/State and Zip Code

contactmybts@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean H Louis

352

352-942-1776

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LOUIS SERVICES HOME INNOVATION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/06/2019 and assigned  
Florida document number 1.19000064002

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LSHI MULTI SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

4520 COMMERCIAL WAY

SPRING HILL FL.34606

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4520 COMMERCIAL WAY

SPRING HILL FL. 34606

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JEAN H LOUIS

New Registered Office Address:

4520 COMMERCIAL WAY

*Enter Florida street address*

SPRING HILL

*City*

, Florida 34606

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JEAN H LOUIS	4520 COMMERCIAL WAY SPRING HILL FL. 34606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JEAN MARC JOSEPH	4520 COMMERCIAL WAY SPRING HILL FL. 34606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MILO DERIVAL	4520 COMMERCIAL SPRING HILL FL. 34606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

THE PURPOSE OF LSHI MULTI SERVICES IS TO PROVIDE MONEY TRANSFER AND FOOD  
DELIVERY SERVICES. SELL MONEY ORDER AND PRODUCTS, PREPARE TAXES, BUS REVOLUTION,  
FINANCIAL EDUCATION, IMMIGRATION AND CITIZENSHIP ASSISTANCE AND HELP PREPARE  
DOCUMENTS, TRANSLATION, NOTARIZATION, BABY CRIBS, TOOLS, AND EVENTS RENTALS,  
BERVERAGES AND FOOD DISTRIBUTION, TO PROVIDE HANDYMEN AND CLEANING SERVICES  
TO HOME OWNERS AT A LOW COST, TRANSPORTATION, GROCERY AND MEDICINE PICK UP  
AND DELIVERY, BUSINESS CONSULTATION, BASIC WEBSITE AND SOCIAL MEDIA SET UP,  
RESUME PREPARATION, COPY, FAX, AND PRINT, TO OPEN STORES, RESTAURANTS, AND  
MARKETS, AND MORE.

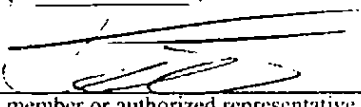
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/29/2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jean H Louis

\_\_\_\_\_  
Typed or printed name of signer